



## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on 9-6-06

Mary Meegan  
**Mary Meegan**

In Re Application of:

**Bagley, et al.**

Serial No.: **10/734,500**

Filed: **12-12-03**

For: **Articulating Stone Basket**

Group Art Unit: **3731**

Examiner: **Pous, Natalie**

Docket No. **150-PDD-00-14DIV**

The following is a list of documents enclosed:

Return Postcard  
Amendment Transmittal  
Request for Continued Examination (RCE) Transmittal  
Terminal Disclaimer  
Response to Final Office Action  
Authorization to Charge Credit Card in the Amount of \$920.00

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (LARGE)**Applicant(s): **Bagley, et al.**

Docket No.

**150-PDD-00-14DIV**Serial No.  
**10/734,500**Filing Date  
**12-12-03**Examiner  
**Pous, Natalie**Confirmation No.  
**1614**Group Art Unit  
**3731**Invention: **Articulating Stone Basket****Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450**

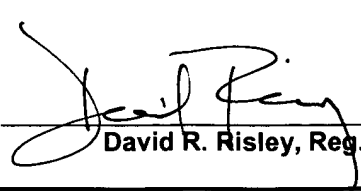
Transmitted herewith are the RCE and Terminal Disclaimer in the above-identified application.

The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	11 -	20 =	0	X \$25.00	\$0
INDEP. CLAIMS	1 -	3 =	0	X \$100.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$180.00	\$
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,590.00	\$
Other Fees: RCE and Terminal Disclaimer					\$920.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$920.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$760.00.
- ☐ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. \_\_\_\_\_.

  
David R. Risley, Reg. No. 39,3459/6/06  
Date